SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

IAME OF FILER (In Full) PLANNED PARENTHOOD VOTES NORTHWES	ST					
Full Name (Last, First, Middle Initial) of Payee				Date		
Moxie Media				10		2012
Mailing Address PO Box 30084				Amount	20	2012
City	State	Zip Code		Amount		
Seattle	WA	98113		Transas	tion ID . FE7 000	4500.00
Purpose of Expenditure Mailing		Category/ Type	004	Office Sought:	House Senate	State: WA
Name of Federal Candidate Supported or Opposed by Expenditure: Suzan K DelBene				Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		450	00.00	Disbursement F 201 Other		General
Full Name (Last, First, Middle Initial) of Payer	ЭЕ			Date		
Moxie Media Mailing Address PO Box 30084				10	/ D D /	2012
				Amount		
City	State	Zip Code				13500.00
Seattle	WA	98113		•	tion ID : F57.000	002
Purpose of Expenditure Mailing		Category/ Type	004	Office Sought:	X House Senate	State: WA District: 01
Name of Federal Candidate Supported or Opposed by Expenditure: Suzan DelBene				Check One:	President Support	Oppose
Calendar Year-To-Date Per Election for Office Sought			.00	Disbursement F 201 Other	For: Primary 2 (specify)	General
Full Name (Last, First, Middle Initial) of Payee				Date		
Mailing Address				M	M / D D /	YIYIYIY
Walling Address				Amount		
City	State	Zip Code		7 tilloditi		
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Purpose of Expenditure		Category/		Office Sought:	House	State:
		Type			Senate	District:
Name of Federal Candidate Supported or Opposed by Expenditure:			01	President		
				Check One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures			.	<i>/</i>	18000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				·	7 7	
(c) TOTAL Independent Expenditures(carry total from last page forward t					7	18000.00